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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/IL99/00190 03/30/1999

**** FOREIGN APPLICATIONS *******

ISRAEL 123925 04/02/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 12/26/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 4	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

20529

TITLE

ASSAY FOR THE DIAGNOSIS OF SCHIZOPHRENIA BASED ON A NEW PEPTIDE

FILING FEE RECEIVED 1048	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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